

Supplemental Application Data Sheet

Application Information

Application number::	<u>10/092,350</u>	
Filing Date::	<u>03/07/02</u>	
Application Type::	Regular	
Subject Matter::	Utility	
Suggested classification::		
Suggested Group Art Unit::		
CD-ROM or CD-R?::	None	
Number of CD disks::		
Number of copies of CDs::		
Sequence submission?::		
Computer Readable Form (CRF)?::		
Number of copies of CRF::		
Title::	Apparatus and Methods Usable In Connection With Dispensing Flexible Sheet Material From A Roll	
Attorney Docket Number::	000242.00105	
Request for Early Publication?::	NO	
Request for Non-Publication?::	NO	
Suggested Drawing Figure::	1	
Total Drawing Sheets::	21	
Small Entity?::	NO	
Latin name::		
Variety denomination name::		
Petition included?::	NO	
Petition Type::		
Licensed US Govt. Agency::		
Contract or Grant Numbers::		
Secrecy Order in Parent Appl.?::	NO	

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: U.S.
Status:: Full Capacity
Given Name:: John
Middle Name:: S.
Family Name:: Formon
Name Suffix::
City of Residence:: Orange Park
State or Province of Residence:: FL
Country of Residence::
Street of mailing address:: 565 Golden Links Drive
City of mailing address:: Orange Park
State or Province of mailing address:: FL
Country of mailing address::
Postal or Zip Code of mailing address:: 32073

Applicant Authority Type:: Inventor
Primary Citizenship Country:: U.S.
Status:: Full Capacity
Given Name:: Andrew
Middle Name:: R.
Family Name:: Morris
Name Suffix::
City of Residence:: Green Cove Springs
State or Province of Residence:: FL
Country of Residence::
Street of mailing address:: 3531 Olympic Dr.
City of mailing address:: Green Cove Springs
State or Province of mailing address:: FL

Country of mailing address::

Postal or Zip Code of mailing address:: 32043

~~Applicant Authority Type::~~ Inventor

~~Primary Citizenship Country::~~ U.S.

~~Status::~~ Full Capacity

~~Given Name::~~ James

~~Middle Name::~~ H.

~~Family Name::~~ Murphy

~~Name Suffix::~~ _____

~~City of Residence::~~ St. Augustine

~~State or Province of Residence::~~ FL

~~Country of Residence::~~ _____

~~Street of mailing address::~~ 14 Versaggi Rd.

~~City of mailing address::~~ St. Augustine

~~State or Province of mailing address::~~ FL

~~Country of mailing address::~~ _____

~~Postal or Zip Code of mailing address::~~ 32080

Applicant Authority Type:: Inventor

Primary Citizenship Country:: U.S.

Status:: Full Capacity

Given Name:: Bruce

Middle Name:: T.

Family Name:: Boone

Name Suffix::

City of Residence:: Orange Park

State or Province of Residence:: FL

Country of Residence::

Street of mailing address:: 1258 Crepe Myrtle Court

City of mailing address:: Orange Park
State or Province of mailing address:: FL
Country of mailing address::
Postal or Zip Code of mailing address:: 32073

Applicant Authority Type:: Inventor
Primary Citizenship Country:: U.S.
Status:: Full Capacity
Given Name:: Michael
Middle Name:: A.
Family Name:: Susi
Name Suffix::

City of Residence:: ~~Clinton~~Marlborough
State or Province of Residence:: MA

Country of Residence::
Street of mailing address:: ~~203 Union St.~~175 Edinboro Street

City of mailing address:: ~~Clinton~~Marlborough
State or Province of mailing address:: MA
Country of mailing address::
Postal or Zip Code of mailing address:: ~~01540~~01752

~~Applicant Authority Type:: Inventor~~
~~Primary Citizenship Country:: U.S.~~
~~Status:: Full Capacity~~
~~Given Name:: Paul~~
~~Middle Name::~~
~~Family Name:: Dowd~~
~~Name Suffix::~~
~~City of Residence:: Bronxville~~

State or Province of Residence:: NY
Country of Residence:: _____
Street of mailing address:: 830 Bronx River Road
5B
City of mailing address:: Bronxville
State or Province of mailing address:: NY
Country of mailing address:: _____
Postal or Zip Code of mailing address:: 10708

Applicant Authority Type:: Inventor
Primary Citizenship Country:: U.S.
Status:: Full Capacity
Given Name:: Will
Middle Name::
Family Name:: Isaksson
Name Suffix:: _____
City of Residence:: New York
State or Province of Residence:: NY
Country of Residence:: _____
Street of mailing address:: 280 Mott St.

City of mailing address:: New York
State or Province of mailing address:: NY
Country of mailing address:: _____
Postal or Zip Code of mailing address:: 10012

Applicant Authority Type:: Inventor
Primary Citizenship Country:: U.S.
Status:: Full Capacity
Given Name:: David
Middle Name::

Family Name:: Gahris
Name Suffix::
City of Residence:: Auburn
State or Province of Residence:: ME
Country of Residence::
Street of mailing address:: 30 Tailwind Ct.
Apt. 63C
City of mailing address:: Auburn
State or Province of mailing address:: ME
Country of mailing address::
Postal or Zip Code of mailing address:: 04210

Correspondence Information

Correspondence Customer Number:: 22907

Representative Information

Representative Customer Number:: 22907

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application			

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee name:: Georgia-Pacific Corporation
Street of mailing address:: 133 Peachtree Street NE
City of mailing address:: Atlanta
State or Province of mailing address:: GA
Country of mailing address::
Postal or Zip Code of mailing address:: 30303